

# Purchase Voucher



Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01120786

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description		AMOUNT		
1	0000094898	0		TPCN 13.1	TPCN 13.1 (Fulfill the terms of contract)		\$762,500.00		
ShipTo ID	Non-HHSAS Cntrct ID								
2010	Contract #								
	529-16-0004-00001	Wkfc	Org PmtDt	IC	RC	Invoice DT: 08/24/16 Inv Recv'd DT: 08/22/16 Service DT: 09/01/16	Req'd Pay DT: Pay Due DT: 10/01/16 P O DT: 09/01/16		
1.1	725300	N		5016	03138	2017 Conf:N	TANF100F \$762,500.00 Certified Amt: 0.00		
Open Item Key:									

Descriptive Legal Text (DLT Comments):

DOS: SEP 2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 27 2016

09/06/2016

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Wagner,Cathy J (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

1120786

# Contract Vendor Invoice Payment Request



HHSC Office of Social Services  
Community Access & Services

Alternatives to Abortion-  
Texas Pregnancy Care Network

RECEIVED

AUG 24 2016

HHSC ACCOUNTING

The attached invoice is approved for payment.

Invoice Date:	8/24/16
Invoice Number:	TPCN 13.1
Dept. ID/Speedchart:	716
Object Code:	725300
Contract Number:	529-16-0004-000001
Contract Name:	Texas Pregnancy Care Network
TIN:	1760802397
Mail Code:	
Purchase Order Number:	52900-7-0000094898

  

Month of Service:	September 2016	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	8/22/16	Total Amount:	
Payment Due On or Before:	October 1, 2016		\$762,500.00

CONTACT	DATE
Preparer's Name:	Andrea Costley
Preparer's Phone:	512-206-5624

FINANCIAL MANAGER	DATE
Beth Zahn	8/24/2016

SIGN-OFF	DATE
Agency Contact/Preparer's Signature:	8/24/16

bw 8/25/16



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No.** 76-0802397Amounts due may be remitted  
by Electronic Funds**To:** Business Bank of Texas, N.A.1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758**Routing No.** 114925615**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-13.1**Invoice Date:** August 22, 2016**Due Date:** September 30, 2016**For Professional Services Rendered:**

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**RE:****Contract Number:** 529-16-0004-00001A

TPCN is submitting this invoice according to the terms of Section VIII of the Contract between TPCN and HHSC executed on or about May 24, 2016 (attached).

**Payment 13.1:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** September 30, 2016

\$762,500.00

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Amount Due	\$762,500.00
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UTC. Specifically, and without limitation, TPCN will perform in accordance with the specifications contained in Sections 1.16, and 2 of the RFP, this Section VII and TPCN's Proposal as modified and clarified.

### VIII. BUDGET AND INVOICING

The total amount of this Contract will not exceed \$11,437,500 (\$2,287,500 in fiscal year 2016 and \$9,150,000 in fiscal year 2017). All expenditures on this Contract will be actual costs that derive from services provided and related expenses that are eligible for reimbursement under this Contract in accordance with federal and state laws; Code of Federal Regulations (C.F.R.) Title 2, Subtitle A, Chapter II-Part 200; TPCN's Budget, Budget Narrative/Budget Justification ("Budget Pages"), and Plan of Operations. TPCN will submit an invoice along with the Program Report to the Contract Representative identified in Section X, in a manner acceptable to HHSC, by the twentieth day after the last day of each month in which services were provided. Upon HHSC request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry or audit by HHSC or any other responsible authority.

If TPCN provides services under multiple contracts, it must maintain an accounting system that separates expenditures by contract to ensure appropriate expense allocation and contract billing (i.e. fund accounting). Payments of invoices by HHSC under this Contract will be made in accordance with Chapter 2251 of the Texas Government Code, using the following schedule:

Payment No.	Description	Due Date	Amount
12.10	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	June 30, 2016	\$762,500.00
12.11	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	July 31, 2016	\$762,500.00
12.12	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	August 31, 2016	\$762,500.00
13.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2016	\$762,500.00
13.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2016	\$762,500.00
13.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2016	\$762,500.00

Payment No.	Description	Due Date	Amount
13.4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2016	\$762,500.00
13.5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2017	\$762,500.00
13.6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 28, 2017	\$762,500.00
13.7	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	March 31, 2017	\$762,500.00
13.8	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2017	\$762,500.00
13.9	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	May 31, 2017	\$762,500.00
13.10	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	June 30, 2017	\$762,500.00
13.11	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	July 31, 2017	\$762,500.00
13.12	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	August 31, 2017	\$762,500.00

If HHSC disputes payment of an invoice for purposes of enforcing a remedy or obtaining set-off against payments due, HHSC may limit payments in accordance with Article 9 of the UTC. Payments are subject to the restrictions in Section 1.7.2, 2.9 and 2.10 of the RFP. HHSC reserves the right to recoup and overpayments, improper payments, unsupportable payments, or otherwise do not meet the requirements of the Contract. TPCN must repay HHSC any such recoupment within the timeframe specified by HHSC or, at HHSC's sole option, HHSC may offset the overpayment by reducing subsequent payment(s) to TPCN by such amount.

TPCN must obtain HHSC's prior written approval for any fund transfers among approved budget categories that will singularly or cumulatively exceed ten percent (10%) of the total contract budget. TPCN must ensure that any budget revision is in compliance with the terms and conditions of this Contract, is for allowable expenses only, and does not change the scope of this Contract.

# Health & Human Services Commission

## Purchase Order

**Dispatch via Print**

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All BEST WAY	Ship Via	Purchase Order <b>52900-7-0000094898</b>	Date 09/01/2016	Revision 1	Page 1
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.					Ship To:	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					Community Service Administrati HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States	

**Vendor:** 1760802397  
**TEXAS PREGNANCY CARE NETWORK**  
**1101 S CAPITAL OF TEXAS HWY**  
**STE K250**  
**WEST LAKE HILLS TX 78730-5115**

**Bill To:** Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Purchaser:	Marshall,Carol Beth (PCS)	512-406-2476
			Quantity UOM	PO Price	Extended Amt Due Date

- a. chap. 531, Chapter 2155.144 TGC, as amended, and any administrative rules adopted thereunder;
- b. 1 T.A.C. Chap. 391;
- c. General Appropriations Act, Senate Bill 1, 79th Legislature, Reg Session, 2005, Section 50 of the Special Provisions Relating to all Health and Human Services Agencies; and
- d. Any other pertinent provisions of federal or state law.

Contract Manager - Andrea.Costley@hhsc.state.tx.us

Phone - 512-206-5624

Final Destination Customer - Andrea.Costley@hhsc.state.tx.us

Phone - 512-206-5624

Agency Contact - Beth.Zahn@hhsc.state.tx.us

Phone - 512-206-5624

HHSC Purchaser: Carol Marshall, CTPM-carol\_marshall2@hhsc.state.tx.us

Phone: 512-406-2476

**Justification/Comments:** This contract is for the program and administration of the Alternative to Abortion - a statewide program for females focused on pregnancy support services that promote childbirth.

Contract Number: 529-16-0004-00001

TIN: 17608023978

Service Dates: 09/1/2016-09/31/2017

Total contract amount is \$9,150,000.00 - not to exceed \$762,500.00 per month for the months of September 1, 2016- August 31, 2017

**Vendor:** Texas Pregnancy Care Network

**PO Bill To Information:**

Health & Human Services Commission

Mail Code: 3500

4900 N. Lamar Blvd, 5th Floor

Austin, TX 78751

(512) 424-6518

**Bill To Code:** 3500

1- 1	Fulfill the terms of contract number: 529-16-0004-00001 From: 09/01/2016 through 08/31/2017	1.00 LOT 9,150,000.00000 9,150,000.00 09/01/2016
	962-58	Schedule Total <u>9,150,000.00</u>

Contract ID: 529-16-0004-00001

Contract Line: 0 Release: 2

# Health & Human Services Commission

## Purchase Order

**Dispatch via Print**

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All BEST WAY	Ship Via	Purchase Order <b>52900-7-0000094898</b>
		If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.	Date 09/01/2016 Revision 2
		All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.	Ship To: Community Service Administrati HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States

**Vendor:** 1760802397  
**TEXAS PREGNANCY CARE NETWORK**  
**1101 S CAPITAL OF TEXAS HWY**  
**STE K250**  
**WEST LAKE HILLS TX 78730-5115**

**BILL TO:** Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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**Item Total for Line**      **1**      **9,150,000.00**

**Total PO Amount**      **9,150,000.00**

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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

**Unaudited**